

Doctors back DGH option five

DOCTORS in Eastbourne have voted overwhelmingly to back campaigners' option five, which involves keeping consultant-led maternity services at both the DGH and the Conquest.

GPs have penned a strong letter and sent it to NHS chiefs at the Primary Care Trust (PCT) expressing their 'considerable disquiet' at the latter's four options for the future of hospital services.

Dr John Clarke, of Enys Road Surgery, said, "East Sussex Downs and Weald and Hastings and Rother PCTs' document for changing maternity services in our county is misleading, and contains a number of errors.

"Numbers of deliveries are actually increasing, not decreasing, and the travel times quoted are for off-peak travel, and no help to babies about to be born during the rush hours.

"There are huge concerns among us about the safety of any of the proposed options one to four. To remove a consultant-led service from either town would compromise the lives of a number of mothers in labour, and their unborn babies.

"Although we await final guidance from the Royal College of Obstetricians, we believe that adequate funding should be made available immediately to commission sufficient numbers of midwives and consultants to ensure a safe service on both sites.

"We know there are suitably qualified midwives and consultants, at present unemployed, prepared to work in East Sussex, despite the trusts' lack of enthusiasm to replace outgoing staff.

"The ambulance trust is not confident at

by **Richard Gladstone**

present that they have either sufficient numbers of vehicles, or expertise to cope with the additional transfers or emergency situations en-route.

"By single-siting, the trusts immediately disenfranchise half of the county's population for both access and choice. Best practice requires suitably trained personnel and adequate premises to be as close as possible to the emergency situation.

"The road infrastructure in East Sussex is woefully inadequate for rapid transfer and lack of public transport will mean gross inconvenience to patients and their visiting friends and relatives.

"Pockets of deprivation exist across the county, and GPs from all areas have agreed, that no cohort of patients should be disadvantaged or discriminated against, by removing vital core-services from their community.

"We believe that core services must remain on both sites as a basic minimum.

"We have seen in other parts of the country what happens when you lose a core-service, such as maternity or A&E, the 'domino' effect inevitably follows, leading to severe downgrading or even closure of one or both hospitals.

"We as GPs, would have little or no faith or confidence in any organisation, especially those set up to oversee the healthcare of our population, that deliberately closed vital services to our patients."

■ For the letter in full, see page 6

richard.gladstone@trbeckett.co.uk

Letters to the editor

GPs united in opposing threats to maternity unit

Eastbourne's General Practitioners feel it necessary to write to our local paper to express our considerable disquiet at the options proposed by East Sussex Downs and Weald, and Hastings and Rother PCTs for changing maternity services in our county.

Their document, "Creating an NHS fit for the future" is misleading, and contains a number of errors, eg numbers of deliveries are actually increasing, not decreasing, and the travel times quoted are for off-peak travel, and no help to babies about to be born during the rush-hours.

On page 14 of their summary document, it states that both PCT Boards had proposed five criteria for assessing and evaluating the options.

Criteria 1.. Clinical Effectiveness and Safety:- There are huge concerns amongst us about the safety of any of the proposed options 1-4. To remove a consultant-led service from either town would compromise the lives of a number of mothers in labour, and their unborn babies. Although we await final guidance from the Royal College of Obstetricians (their interim reports have been ambiguous at times), we believe that adequate funding should be made available immediately to commission sufficient numbers of midwives and consultants to ensure a safe service on both sites.

We know there are suitably qualified midwives and consultants, at present unemployed, prepared to work in East Sussex, despite the Trusts' lack of enthusiasm to replace outgoing staff. The Ambulance Trust is not confident at present that they have either sufficient numbers of vehicles, or expertise to cope with the additional transfers or emergency situations en route.

Criteria 2.. Access and Choice :- By single-siting, the Trusts immediately disenfranchise half of the county's population

for both access and choice. Best practice requires suitably trained personnel and adequate premises to be as close as possible to the emergency situation. The road infrastructure in East Sussex is woefully inadequate for rapid transfer (flying squads were abandoned in the late 1970's), and lack of public transport will mean gross inconvenience to patients and their visiting friends and relatives.

Criteria 3.. Financial Sustainability:- Despite frequent denials to the contrary at public meetings, the PCTs are hoping to save money (see no. 5). Their own figures show that only Option 1 actually saves any money, but even that takes no account of any capital investment or redundancies.

Criteria 4.. Health Gains and Demographics :- Pockets of deprivation exist across the county, and GPs from all areas have agreed that no cohort of patients should be disadvantaged or discriminated against, by removing vital core services from their community.

Criteria 5.. Maintaining Two Viable Hospitals :- We believe that core services, ie acute medicine, acute surgery, acute psychiatry, a full A & E service, consultant-led obstetrics and special care baby unit, as well as in-patient paediatrics, must remain on both sites as a basic minimum, plus others, such as radiology and pathology to service these vital specialities.

The PCTs should commission services appropriate for their population's needs, and the acute trusts, who hope to move shortly towards Foundation status, should provide all of these necessary services.

We have seen in other parts of the country what happens when you lose a core service, such as maternity or A & E. The domino effect inevitably follows, leading to severe downgrading or even closure of one or both hospitals. This is of course where

the PCTs hope to save money. However, the acute trusts may well lose vital income, should this happen.

We as GPs, would have little or no faith or confidence in any organisation, especially those set up to oversee the healthcare of our population, that deliberately closed vital services to our patients.

We sincerely hope that the respective boards examine carefully the other options, designed to retain services on both sites. Surrey and West Sussex have agreed to keep core services at their hospitals, so we would expect our boards to do likewise, and not bow to political directives, which in no way appear to benefit our increasing populations.

Doctors J.Clarke, W.Miller, K.Leeson, G.Coutts, D.Liebenberg, V.Bolton, I.McNaughton, B.Brennan, M.Gaffney, P.Dickens, D.Penge, H.Daggett, G.Brown, K.Barrow, R.McNicol, P.Shepherd, M.Writer, K.Vernon-Hunt, D.Thomas, J.Martyr, L.Verghese, R.Ribbons, J.Bruuns, D.Tran, R.Al-Jawaheri, J.Prosser, A.Stewart, G.Folwell, M.Evason, M.Nicholles, B.Tyrell, H.Thomas, P.Williams, R.Deery, J.Lofts, D.Davison, P.Frisby, R.Higgs, I.Rajap, R.Stevens, H.Tidbury, J.Barnes, T.Gietzen, R.Wicks, S.Mathias, S.Lytton, C.Shepherd, M.Stockton, P.Scarisbrick, K.Norwood, J.Andrews, J.Rabuszko, S.Sorooshian, M.Pope, I.Wiggins, I.Adoki, I.Cookey, I.Baig, J.Darwent, A.Bansel, R.Tasharroffi, C.Greaves, C.Bedford-Turner, S.Dickson, A.Hammett, M.Sharp, S.Robins, K.Ivel, R.Brown, R.Brierley, R.D'Abbraccio, S.Savvas, C.McGregor, A.Pearce, P.Holmes, A.Grimston, M.Jackson, S.Spencer, N.Cereceda, K.Thurston, W.Kloth, K.Edwards, C.Gardner, C.Tourle, S.Cowee, R.Lowe, G.Baker, J.Simmons, C.Dodge, I.Oezburun, R.Rowland, E.Balmer, H.Aiston, P.Dunphy, M.Cockburn, K.McGhee, C.Mellor, J.Jones, B.Pickering, R.Harvey, M.Barnes, C.Lewis, M.Shears, D.Elliott, P.Herridge, I.Cockburn, S.Palit, J.Bayles, I.Bayles, F.Nicholls, R.Adcock, H.Cheal.